

FILE NOW: FILING FEE AFTER MAY 1ST IS \$330.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**

 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS
DOCUMENT # 547860

1. Corporation Name

REGAL DEVELOPMENT OF POLK COUNTY, INC.

Principal Place of Business

Mailing Address

4506-S FLORIDA AVE **6729 TRAIL RIDGE** 4506-S FLORIDA AVE P.O. Box 7357
 LAKELAND FL 33813 LAKELAND FL 33813-2460
33813 33807

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1977

4. FEI Number

59-1769778

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23 City & State

23

Zip

Country

27 City & State

27

Zip

Country

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

HOFFMAN, L.K. **6729 TRAIL RIDGE**
4510-S FLORIDA AVE P.O. Box 7357
LAKELAND FL 33803
33807 33813

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
HOFFMAN, L.K.
4506-S FLORIDA AVE
LAKELAND FL

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ST
HOFFMAN, BARBARA L.
4506-S FLORIDA AVE
LAKELAND FL

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

6729 TRAIL RIDGE
P.O. Box 7357
33803 33813

 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

6729 TRAIL RIDGE
P.O. Box 7357
33803 33813

 3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

 4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

 5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

 6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP
☒ Change ☐ Addition☒ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. With all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #